


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90056 008 \*\*\*150.00

DOCUMENT # P04000044756	
1. Entity Name NEW SMYRNA CONDO BUILDING NO. 9, INC.	

Principal Place of Business 3033 CHIMNEY ROCK, SUITE 400 HOUSTON, TX 77056	Mailing Address 3033 CHIMNEY ROCK, SUITE 400 HOUSTON, TX 77056
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00001321



2. Principal Place of Business 1215 Gessner Drive	3. Mailing Address 1215 Gessner Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01262005 Chg-P CR2E034 (10/03)

City & State Houston, TX	City & State Houston, TX
Zip 77055	Country U.S.A.
Zip 77055	Country U.S.A.

4. FEI Number 20-0965692	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRAHAM, SR, JESSE E 369 NORTH NEW YORK AVENUE, THIRD FLOOR WINTER PARK, FL 32789	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dan Silvestri 2/8/05 (713) 785-6272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #